M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08220

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
STREET ADDRESS (If rural give location) Stefiney

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Clarence (Last) Ashford

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 29 - ~~50~~ 96
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman U.S. Government
10b. KIND OF BUSINESS OR INDUSTRY Stationary Boilers
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Ashford
14. MOTHER'S MAIDEN NAME Minnie Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Robert D. Ashford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	(Terminal)
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs.
92.2	(c) Status Asthmaticus	3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to August 29 1950, that I last saw the deceased alive on August 29, 1950, and that death occurred at 3:30 A.M. m., from the causes and on the date stated above.

SIGNATURE Peter J. Rodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 9-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 2/50
NAME OF CEMETERY ~~OR CREMATORY~~ Bakers
LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. Sept. 2-50
REGISTRAR'S SIGNATURE Nellie F. Riley
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen, Md.

442 98

RECEIVED
SEP 6 1950
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08221

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Dam

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Army Chemical Center; STREET ADDRESS (If rural, give location) 9710 TSU School Det

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) W. (Last) Bohler

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 17 Sep 22

9. AGE last birthday: 27 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier US Army

10b. KIND OF BUSINESS OR INDUSTRY: US Army

11. BIRTHPLACE (State or foreign country): Columbia Ga.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mrs. Mary O. Bohler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II June 1941 to present

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

850.8

172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Aberdeen Dam; (CITY OR TOWN) Joppa; (COUNTY) Harford; (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 1, 1950 ~4 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Boat Capsized

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co Bel Air md 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Aug 3, 1950

NAME OF CEMETERY OR CREMATORY: Elliott & Sons F.H. Augusta Ga

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Aug 3, 1950

REGISTRAR'S SIGNATURE: Mame M. Monksdale

24. FUNERAL DIRECTOR ADDRESS: Howard C. McCormick & Son Abingdon Md 6089

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BUREAU V. S.

Augusta

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08222

CERTIFICATE OF DEATH

Reg. Dist. No. 121

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 12 Swan Street

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) GENE (Last) BUTERBAUGH
4. DATE OF DEATH (Month) August (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Single
8. DATE OF BIRTH 8 August 1950
9. AGE last birthday 0 yrs. If under 1 year Months 0 Days If under 24 hrs. Hours 18 Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ———
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Richard Samuel Buterbaugh
14. MOTHER'S MAIDEN NAME Clara Jeanne Henne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. ———
17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aspiration pneumonia	
	(c) Congenital - hairlip, cleft palate, polydactylism	

755X

157g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ———
19b. MAJOR FINDINGS OF OPERATION ———
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 August, 1950, to 8 August, 1950, that I last saw the deceased alive on 8 August, 1950, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE David H. Sills Jr. (Degree or title) ADDRESS U.S. Army Hospital, Aberdeen PrGr, Md. DATE SIGNED 8/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 11, 1950
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) Aberdeen Proving Ground (State) Md

DATE REC'D BY LOCAL REG. Aug. 16 - 1950
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Howard K. McCormick & Son ADDRESS Abingdon Md

2-2-8-38-0-25-2-38-3

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AUG 18 1950
BUREAU V. S

08223

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural — LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Lewis (First) Miller (Middle) Carlile (Last)
4. DATE OF DEATH: August (Month) 8 (Day) 1950 (Year)

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: May-1-1872
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Farmhand Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: David Carlile
14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Louis E Carlile

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C V disease — 1 year

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1949, to 8/8, 1950, that I last saw the deceased alive on 8/7, 1950, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer MD (Degree or title) ADDRESS: Bel Air Md DATE SIGNED: 8/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 10/50
NAME OF CEMETERY OR CREMATORY: Rock Run
LOCATION (City, town, or county): Lapidum (State): Md

DATE REC'D BY LOCAL REG.: 8/9/50
REGISTRAR'S SIGNATURE: Priscilla Fourwood
24. FUNERAL DIRECTOR: W H Archer — ADDRESS: Benson Md

866 VV

Benson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1990
BUREAU V. M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08224

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. I

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) R. F. D 1

3. NAME OF DECEASED (Type or Print): (First) Queen (Middle) Esther (Last) Gordon

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 16, 1915

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days 8; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Prospect, Prince Edward Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William A. Gordon

14. MOTHER'S MAIDEN NAME: Rosetta Lockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 143-20-3148

17. INFORMANT: Mrs Rosetta Gordon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure (Myocarditis)

422.2 93b 10/2/50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) II Respiratory Neurosis

(c) II Disseminated Neurodermatitis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1950, to August 24 1950, that I last saw the deceased alive on August 24, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George L. Stansbury M.D. 569 Revolution St, Havre de Grace, Md. Aug 26 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug 29 1950

NAME OF CEMETERY OR CREMATORY: Union Methodist

LOCATION (City, town, or county): Swan Creek

(State): Md

DATE REC'D BY LOCAL REG.: Aug. 29 1950

REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: Elmer E Bullock - Havre de Grace

ADDRESS

52086

VS. A15

RECEIVED
AUG 31 1990
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08225

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air RD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fountain Green

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Edgewood
STREET ADDRESS (If rural give location) Norris's Corner

3. NAME OF DECEASED (Type or Print) (First) Arend (Middle) R (Last) GUNTHER

4. DATE OF DEATH (Month) August (Day) 12 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 11 1874

9. AGE last birthday 76 yrs. — If under 1 year: Months / Days / Hours / 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, Retired

10b. KIND OF BUSINESS OR INDUSTRY House

11. BIRTHPLACE (State or foreign country) Edgewood Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Gunther

14. MOTHER'S MAIDEN NAME Emma Berends

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Bessie M. Gunther Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 24 hrs

420.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ch. hypertensive Cardio-vascular

(c) disease — 10 yrs?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whils at Work ☐ Not Whils At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Aug 12, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D. — Forest Hill Md — 8/13/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 16, 1950 | NAME OF CEMETERY OR CREMATORY Trinity Lutheran | LOCATION (City, town, or county) (State) Joppa Md (Harford)

DATE REC'D BY LOCAL REG. 8/16/50 | REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR — ADDRESS

Howard K. McComas & Son — Abingdon Md

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Replacement

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH · COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 Layfette St.	STREET ADDRESS (If rural give location) 519 Layfette St.

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) (Last) HARRIS			4. DATE OF DEATH (Month) August (Day) 13 (Year) 1950		
5. SEX F	6. COLOR OR RACE Negro	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed	8. DATE OF BIRTH 1888	9. AGE last birthday 62 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sidney Butler			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Robert Harris		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
150X Immediate cause	(a) Carcinoma Oesophagus	6 mos
46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Carcinomatosis	3 mos
	(c) Cachexia	1½ mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles J. Foley MD		400 S. Union Ave Havre de Grace Md	Aug 14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF August 16, 1950	NAME OF CEMETERY OR CREMATORY St. James Cemetery	LOCATION (City, town, or county) (State) Havre de Grace, Md.
DATE REC'D BY LOCAL REG. Aug. 15-1950	REGISTRAR'S SIGNATURE A. L. Lewis M. D.	24. FUNERAL DIRECTOR Elmer E. Bullock	ADDRESS 556 Lewis St. Hde. G. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08227

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS # 10 Defence Drive (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) B. (Last) HARTUNG

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 5, 1886 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aquilla Fogwell
14. MOTHER'S MAIDEN NAME: Mandy M. Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. John H. Hartung, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CEREBRAL THROMBOSIS (2nd episode)	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	
(c)		

332x
834

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Old hemiplegia; Decubitus ulcers

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30 1950, to Aug. 29, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 5:30a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D		Forest Hill Md	Aug 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 1 1950	Loudon Park	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/50	Priscilla Foxwood	Henry Jarrings Sons	Aberdeen Md

RECEIVED
SEP 2 1950
BUREAU V. S

Atkinson

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08228

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Acheson Dam

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACC
STREET ADDRESS (If rural, give location) 9710 T SU School Det

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Fred (Last) Head
4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 13 Jan 23
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY U S Army
11. BIRTHPLACE (State or foreign country) Villa Rica, Ga.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. Peter Head
14. MOTHER'S MAIDEN NAME Mrs Bertha P Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#2 27 Jan 43-14 Dec 45
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 20 Jan 48 - present

INTERVAL BETWEEN ONSET AND DEATH —

Immediate cause (a) Accidental Drowning

850.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Acheson Dam
(CITY OR TOWN) Joppa (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Aug (Day) 1, (Year) 1950 (Hour) 8 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat capsized

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Aug 3, 1950
NAME OF CEMETERY OR CREMATORY Freeman Harris F.H.
LOCATION (City, town, or county) Rock Mart (State) Ga

DATE REC'D BY LOCAL REG. Aug 3, 1950
REGISTRAR'S SIGNATURE Marie M. Monlsdal
24. FUNERAL DIRECTOR Howard K. McCome & Son ADDRESS Abingdon Md

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Rock Mart

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

08230

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) 147 Molsby Avenue

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) E. (Last) HURLEY
4. DATE OF DEATH (Month) August (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH 6 March 1895
9. AGE last birthday 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevedore
10b. KIND OF BUSINESS OR INDUSTRY Civil Service
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 229-12-5928
17. INFORMANT AND ADDRESS Civilian Personnel Branch, Headquarters, Aberdeen PrGr, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	2 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

94 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ----
19b. MAJOR FINDINGS OF OPERATION ------
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Aug, 1950, to 16 Aug, 1950, that I last saw the deceased alive on 16 Aug, 1950, and that death occurred at 10.10 A.m., from the causes and on the date stated above.

SIGNATURE William T. Wiener (Degree or title) M.D., D.N.B. ADDRESS A.P.G. Army Hosp.; Aberdeen Md. DATE SIGNED 16 Aug '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 19
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) Bel Air Harford (State) Md

DATE REC'D BY LOCAL REG. 8/18/50
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T. Foster ADDRESS Bel Air, Md.

90697

RECEIVED
AUG 21 1930
BUREAU W. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

P8231

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR TOWN~~ ~~Havre D. Grace~~ Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dundalk Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) ~~OR TOWN~~ Balto H 19
STREET ADDRESS (If rural, give location) 7317 Bety Ave

3. NAME OF DECEASED (Type or Print) (First) Dianna (Middle) Marie (Last) Jacobs

4. DATE OF DEATH (Month) August (Day) 26 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Nov. 3, 1948

9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Jacobs

14. MOTHER'S MAIDEN NAME Leona N. Fain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT James Jacobs Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Accidental Drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Deer Creek
(CITY OR TOWN) Darlington (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1:30 PM 8-26-1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 28 1950
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem
LOCATION (City, town, or county) Eastern Ave Baltimore (State) Md

DATE REC'D BY LOCAL REG. August 26, 1950
REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR Roland Fisher ADDRESS Dundalk Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1950
BUREAU M..

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

018232

Reg. Dist. No. 18S-

M

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace | LENGTH OF STAY (in this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) Chase (Last) Jones

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 13, 1880

9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer or Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Aquilla Jones~~ John Jones

14. MOTHER'S MAIDEN NAME: Amelia Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Mary Jourdan Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: approx 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1950, to Supposed day, 19....., that I last saw the deceased alive on 8/21, 1950, and that death occurred at [illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Alexander Sandeski, M.D. — Harford Mem. Hospital Havre de Grace, Md. — 8/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: August 24 1950 | NAME OF CEMETERY OR CREMATORY: Rock Run Cem | LOCATION (City, town, or county) (State): Harford Co, Md.

DATE REC'D BY LOCAL REG.: Aug. 21-1950 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR: H.B. Bailey | ADDRESS: Darlington Md

866VV

RECEIVED
AUG 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18233

Reg. Dist. No. 18S-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace | LENGTH OF STAY (In this place): 10 Yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 315 Strawberry Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace
   STREET ADDRESS (If rural give location): 315 Strawberry Ave.

3. NAME OF DECEASED (Type or Print): (First) Moses (Middle) Daniel (Last) Jones
4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 18 1899
9. AGE last birthday: 51 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Track Aberdeen Proving Ground
11. BIRTHPLACE (State or foreign country): Conowingo Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George W. Jones
14. MOTHER'S MAIDEN NAME: Harriett Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-09-5838
17. INFORMANT: Harry Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443x

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1950, to 8/14, 1950, that I last saw the deceased alive on 8/13, 1950, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

George T. Stansbury, M.D. | 569 Revolution St Hdg. Md. | 8/17/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Aug 19 1950 | Mt. Zoar | Near Conowingo, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Aug. 17-1950 | A. L. Lewis M.D. | J. E. Tyson | Rising Sun Md.

98847

VS. A15

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08234

Reg. Dist. No. 186

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Howard St. (extended)

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) — (Last) Kravchuk
4. DATE OF DEATH: (Month) Aug. (Day) 9th (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	May 17, 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B.&O. Masonry Watchman retired
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Kravchuk
14. MOTHER'S MAIDEN NAME: Anna Klemchuk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-2138
17. INFORMANT: Records from B.&O. Rail Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420,1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: —

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Md signed 8/9/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 14-50	Holy Trinity Russian	Edgewood	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/14/50		J. A. Trebilcock Jr	1905 E. Pratt St

61447

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18235

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 65 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) 611 Franklin

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ezra	Murphy	Leicht	8/16	50	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	2/28/1885	65 yrs.	5	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Maker	—	Havre de Grace Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac D. Murphy	Alice Hamby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mrs. Wm. Knight, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Pneumonia Hypostatic bilateral	2 days
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular renal disease —	2 years
	(c) Hypostatic	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 28, 1950, to August 16, 1950, that I last saw the deceased alive on August 16, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis Wachsman M.D	Havre de Grace Md	8/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/19/50	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16-1950	G. L. Lewis M.D.	Pennington & Son	

VS-A15

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AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08236

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE; LENGTH OF STAY (In this place) D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN; STREET ADDRESS (If rural, give location) 8 COTTAGE DRIVE

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Wm. (Last) Malone

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: MAY 23, 1950

9. AGE last birthday: — yrs. If under 1 year: Months 2, Days 9; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Delbert MALONE

14. MOTHER'S MAIDEN NAME: HELEN GREENMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Helen MALONE (MOTHER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Bel Air Md 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Aug 3, 1950

NAME OF CEMETERY OR CREMATORY: Shamokin, Pa

LOCATION (City, town, or county) (State): Shamokin Pa.

DATE REC'D BY LOCAL REG.: Aug. 2-1950

REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: Henry Farrington Sons

ADDRESS: Aberdeen, Md

2-0-5-23-0-3/-3-38-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

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BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08237

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 515 Bourdon Street

3. NAME OF DECEASED (Type or Print) (First) Ann (Middle) O'Connor (Last) Murphy

4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 30 1904
9. AGE last birthday: 46 yrs. — If under 1 year: Months 3, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Edward J. Murphy (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

330X Immediate cause (a) Cerebral Anoxia

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Subarachnoid Hemorrhage (spontaneous)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary oedema - terminal

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/1950 to 8/4/1950 that I last saw the deceased alive on 8/4/1950, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE: Donald L. Mohler (Degree or title) M.D. — ADDRESS: Harford Memorial Hosp. — DATE SIGNED: 8/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/7/50 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug. 6-1950 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Cunningham & Son — ADDRESS: Havre de Grace

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AUG 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08238

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 10 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) SAMUEL (Last) Nesbitt

4. DATE OF DEATH: (Month) (Day) (Year) 22 Aug 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 8 Aug 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Perry Point Hosp.

11. BIRTHPLACE (State or foreign country): Colora, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William James Nesbitt

14. MOTHER'S MAIDEN NAME: Sophie Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): First World War.

16. SOCIAL SECURITY NO.

17. INFORMANT: Theresa M. Nesbitt (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 minutes

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Angina Pectoris — 10 days

(c) Coronary Thrombosis — 2 minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1950, to 8-22, 1950, that I last saw the deceased alive on 8-22, 1950, and that death occurred at 11 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Port Deposit Md 8-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Aug. 25. 1950

NAME OF CEMETERY OR CREMATORY: West Nottingham

LOCATION (City, town, or county) (State): Colora, Md. Rural

DATE REC'D BY LOCAL REG.: Aug. 25. 1950

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS: Reed, Patterson & Low. Perryville, Md.

15692

VS. A15

RECEIVED
AUG 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08239

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks R.D.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Patterson

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 22 1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Pikesville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin R Pattison

14. MOTHER'S MAIDEN NAME: Alice A Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-09-5059

17. INFORMANT: Johnston Pattison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third degree burns entire body — Interval between onset and death: none

916.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

180

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg./etc.) OF INJURY Home (CITY OR TOWN) Street (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 11, 1950 6A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY occur? Dwelling house burned up.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Belair md. 8/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Aug 13, 1950; NAME OF CEMETERY OR CREMATORY Bryansville; LOCATION (City, town, or county) Delta Pa R.D. (State)

DATE REC'D BY LOCAL REG. 8/12/50; REGISTRAR'S SIGNATURE Priscilla Fogwood

24. FUNERAL DIRECTOR ADDRESS

98899

RECEIVED
AUG 15 1950
BUREAU

08240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 187

1. PLACE OF DEATH: COUNTY Hartford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hosp. A.P.G., Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 62 Henderson Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Price

4. DATE OF DEATH (Month) August (Day) 9 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH 8 Nov 1947
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ——
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Rupert A. Price
14. MOTHER'S MAIDEN NAME Ruth Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO. ——
17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

913.0 Immediate cause (a) Cardiac failure
Enlarged thymus

185 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Wound lacerated sclera - rt.

(c) Therapeutic misadventure in anesthesia (ether)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation for repair of lacerated sclera - right. GOE Anesthesia [open drop ether]

19a. DATE OF OPERATION 9 Aug 50
19b. MAJOR FINDINGS OF OPERATION Laceration right sclera -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Middle River (COUNTY) Baltimore (STATE) MD
TIME OF INJURY (Month) Aug. (Day) 9 (Year) 1950 (Hour) 1200 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? While playing with a glass tooth brush holder.

22. I hereby certify that I attended the deceased from 9 Aug., 1950, to 9 Aug., 1950, that I last saw the deceased alive on 9 Aug., 1950, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David N. Sills ADDRESS U.S. Army Hosp. A.P.G., Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Aug 12, 1950
NAME OF CEMETERY OR CREMATORY Noel Smith F.H.
LOCATION (City, town, or county) Martinsville Va (State)

DATE REC'D BY LOCAL REG. Aug. 16-50
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Howard K. McCormas & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118241

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY - Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen RD. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): #2 Madison Place.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) PAIGE (Last) RICHARDSON

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 8th. 1924

9. AGE last birthday: 25 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chair operator

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Z. Richardson

14. MOTHER'S MAIDEN NAME: Mrs Millian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW II

16. SOCIAL SECURITY No.: -

17. INFORMANT AND ADDRESS: Mrs Frank Paige Richardson * 2 Madison Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Electrocution

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

9143
193.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☑ (Specify) SUICIDE HOMICIDE: Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Aberdeen Pumping Station — (CITY OR TOWN): Aberdeen Proving Ground Pumping Station — (COUNTY): Harford — (STATE): md

TIME OF INJURY (Month) (Day) (Year) (Hour): August 3, 1950 2 P.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stanley B. Duckacher, M.D. — ADDRESS: Asst. Med. Exam of Maryland, 709 Fleet Street Baltimore 2 md. — DATE SIGNED: August 3, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: Aug. 5th 1950 — NAME OF CEMETERY OR CREMATORY: Center Cemetery — LOCATION (City, town, or county) (State): West Jefferson, North Carolina

DATE REC'D BY LOCAL REG.: August 4-50 — REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Hendry Tarring and Sons — ADDRESS: Aberdeen md.

358 97

VS. A15

RECEIVED
AUG 7 1950
BUREAU V. S

08242

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

C

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NORRISVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD. HARFORD — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NORRISVILLE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): BABY ROHRBAUGH

4. DATE OF DEATH (Month) (Day) (Year): August 19 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 8-19-50
9. AGE last birthday: yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORRISVILLE, MD. RURAL
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: HOWARD ROHRBAUGH
14. MOTHER'S MAIDEN NAME: BETSY SERRELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Howard Rohrbaugh. Norrisville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5 Immediate cause (a) Premature infant 5½ mo. — 30 min.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Separation of placenta

(c) Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1950, to Aug 19, 1950, that I last saw the deceased alive on Aug 19, 1950, and that death occurred at 8 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William O Fulton — ADDRESS: Stewartstown, Pa. — DATE SIGNED: Aug 19 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 8-21-50 — NAME OF CEMETERY OR CREMATORY: NORRISVILLE — LOCATION (City, town, or county) (State): NORRISVILLE, HARFORD Co., MD

DATE REC'D BY LOCAL REG.: 8/20/50 — REGISTRAR'S SIGNATURE: Priscilla Foreword — 24. FUNERAL DIRECTOR: Kenneth W Osburn — ADDRESS: Stewartstown, Pa.

1-0-8-19-0-19-3-25-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 22 1930
BUREAU F. S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Laurence (Middle) Chester (Last) Scarborough
4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 50
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 7 1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months 11, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Scarborough Harford Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John W. Scarborough
14. MOTHER'S MAIDEN NAME: Sarah Agnes Scarborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Lucy M Scarborough Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Cerebral Hemorrhage — 8 mos

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. hypertensive Cardio-Vascular disease

(c) — 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Aug 30, 1950, that I last saw the deceased alive on Aug 29, 1950, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) — ADDRESS: Forest Hill Md — DATE SIGNED: 8/30/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept 1st 1950 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county): Fountain Green, (State) Md.

DATE REC'D BY LOCAL REG.: 8/31/50 — REGISTRAR'S SIGNATURE: Priscilla Fowbood — 24. FUNERAL DIRECTOR: Martin G Kurtz — ADDRESS: Jarrettsville Md.

866VV

RECEIVED
SEP 2 1960
BUREAU OF

08244

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVRE DE GRACE
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NORTH EAST
STREET ADDRESS (If rural give location) RD #1

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) W (Last) Smith
4. DATE OF DEATH (Month) August (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH June 25, 1911
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY GAS STATION ATT.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard C. Smith
14. MOTHER'S MAIDEN NAME Anna Simpers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema
401.3 Antecedent cause(s) (b) Congestive Heart Failure
58d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Rheumatic Carditis

INTERVAL BETWEEN ONSET AND DEATH: many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1950, to 8/31, 1950, that I last saw the deceased alive on 8/31, 1950, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE Alexander Sandecki M.D. (Degree or title) ADDRESS 501 S. Union Ave Havre de Grace, M.D. DATE SIGNED 8/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 3 1950 NAME OF CEMETERY OR CREMATORY Principio LOCATION (City, town, or county) Principio Furnace, Md. (State)

DATE REC'D BY LOCAL REG. Sept. 1-1950 REGISTRAR'S SIGNATURE A. L. Lewis M.D. 24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

4967V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08245

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN R.D.
STREET ADDRESS (If rural give location) Stepney

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) C (Last) SPIES

4. DATE OF DEATH (Month) August (Day) 28 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAY 1, 1891

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wootny

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Geo F. Spies, Aberdeen, RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio - Vascular Disease.

(c)

INTERVAL BETWEEN ONSET AND DEATH 12 DAYS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16-, 1950 to 8-28-, 1950, that I last saw the deceased alive on 8-28-50, 1950, and that death occurred at 1.50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Carlo J. Castellani M.D. (Harford Mem. Hospital) 8.28.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Aug 30, 1950

NAME OF CEMETERY OR CREMATORY St Francis

LOCATION (City, town, or county) (State) Abingdon, Harford Md

DATE REC'D BY LOCAL REG. Sept. 2-1950

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS Howard E. McComas & Son Abingdon Md

VS. A15

RECEIVED
SEP 4 1950
BUREAU

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08229

FILM No. G 128 SEP 27 1950

Reg. Dist. No. 18

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE unknown — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN unknown
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED (Type or Print): (First) Unknown (Middle) (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): unknown

8. DATE OF BIRTH: —

9. AGE last birthday: 40-45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT: Aberdeen Police Dept.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

802.8 **Immediate cause** (a) Fracture Skull — none

169 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Body badly decomposed, found in ditch full of water beside R. R. tracks (9-27-50 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation L. arm — none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Penna R.R tracks (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Aug (Day) 2 (Year) 1950 (Hour) ? m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☐, occident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Belair Md 8/14/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 5th 1950 | NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery | LOCATION (City, town, or county) Aberdeen, Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Aug 5-1950 | REGISTRAR'S SIGNATURE Nellie F. Riley | 24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen Md.

XUX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08246

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace Rural; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Frank (Last) Wakefield

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 15 1885

9. AGE last birthday: 65 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising Newspaper

10b. KIND OF BUSINESS OR INDUSTRY: Radio

11. BIRTHPLACE (State or foreign country): Bristol England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert D Wakefield

14. MOTHER'S MAIDEN NAME: Elizabeth Cohn Wakefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War I

16. SOCIAL SECURITY NO.: NK

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: none

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jerrell C Palmer MD Deputy Medical Examiner Harford Co. Bel Air md 8/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 13 1950 — NAME OF CEMETERY OR CREMATORY: Parker Cem — LOCATION (City, town, or county) (State): Harford Co. Md

DATE REC'D BY LOCAL REG.: Aug 12. 1950 — REGISTRAR'S SIGNATURE: Benita B Knight — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington Md

10082

RECEIVED
AUG 18 1950
BUREAU V. S

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08247

FILM No. G 127 AUG 22 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) L. (Last) WATTERS

4. DATE OF DEATH (Month) August (Day) 11 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH Sept. 18, 1912
9. AGE last birthday 37 ~~39~~ yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House worker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JAM WATTERS
14. MOTHER'S MAIDEN NAME Leila Baeir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Samuel Watters, R7D#1 - Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion
Antecedent cause(s) c̄ Acute Pulmonary Edema
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Death on Arrival to this Hospital
(c) Dr Lobitt at Coroner's Office was notified

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12 20 a m., from the causes and on the date stated above.

SIGNATURE Alexander Sandecki, (Degree or title) MD. ADDRESS Havre de Grace, Md DATE SIGNED 8/11/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 14th. 1950
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Churchville, Harford Co. Md.

DATE REC'D BY LOCAL REG. Aug. 12-1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Tarring & Sons, ADDRESS Aberdeen Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1950
BUREAU

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08248

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 651 Otsego Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Havre de Grace, Maryland

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) A. (Last) Wilson
4. DATE OF DEATH (Month) August (Day) 12 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 1, 1873
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel David Shenberger
14. MOTHER'S MAIDEN NAME Sarah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Virginia Rochet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Oedema	1 day
420.1 Antecedent cause(s)			
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary Thrombosis c̄ Fibrillation	1 day
	(c)	Malignant Hypertension	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic Cholecystitis c̄ Lithiasis	20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949 to Aug, 1950, that I last saw the deceased alive on August 11, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Jim Walbert (Degree or title) M.B. ADDRESS Havre de Grace Md DATE SIGNED 8/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE August 15
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Maryland

DATE REC'D BY LOCAL REG. Aug. 14. 1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

RECEIVED
AUG 18 1950
BUREAU V. S